

Assessing and Treating Combat Stress and PTSD in Veterans: What You Need to Know

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Disclaimer

The views expressed in this presentation are solely those of the presenter and do not represent those of the Veterans Health Administration or the United States government.



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Some Helpful Background Information

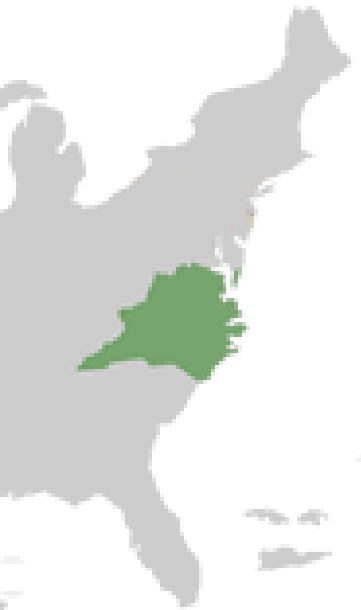
Why You Should Care

- There are almost 21.4 million Veterans in the US
- There are 726,000 Veterans in Virginia
 - Virginia ranks 7th in the number of Veterans in the US
 - Virginia ranks 4th in per capita number of Veterans
 - 13.6% of Virginia's Veterans are women, ranking 2nd in the country
 - **Only 21% use VA health care**

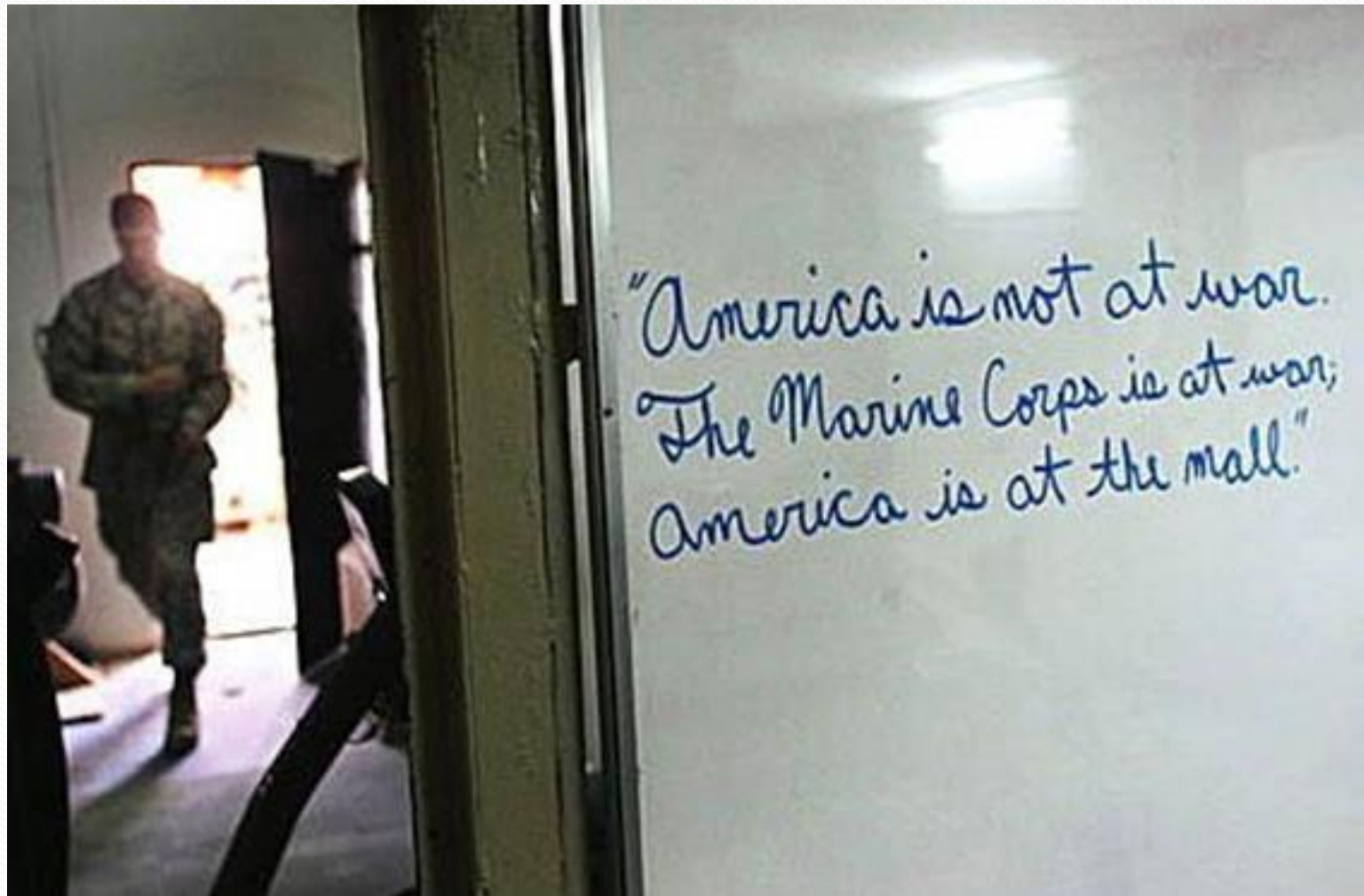


Some Helpful Facts

- The median age of male Veterans in the US is 65
- VISN 6 (Virginia and North Carolina) have the highest rate of newly registered Veterans in the nation
 - The Fredericksburg region is the fastest-growing area
- McGuire VAMC in Richmond has ranked between #1 and #3 in the country in Veterans with a first-time diagnosis of PTSD over the past three years



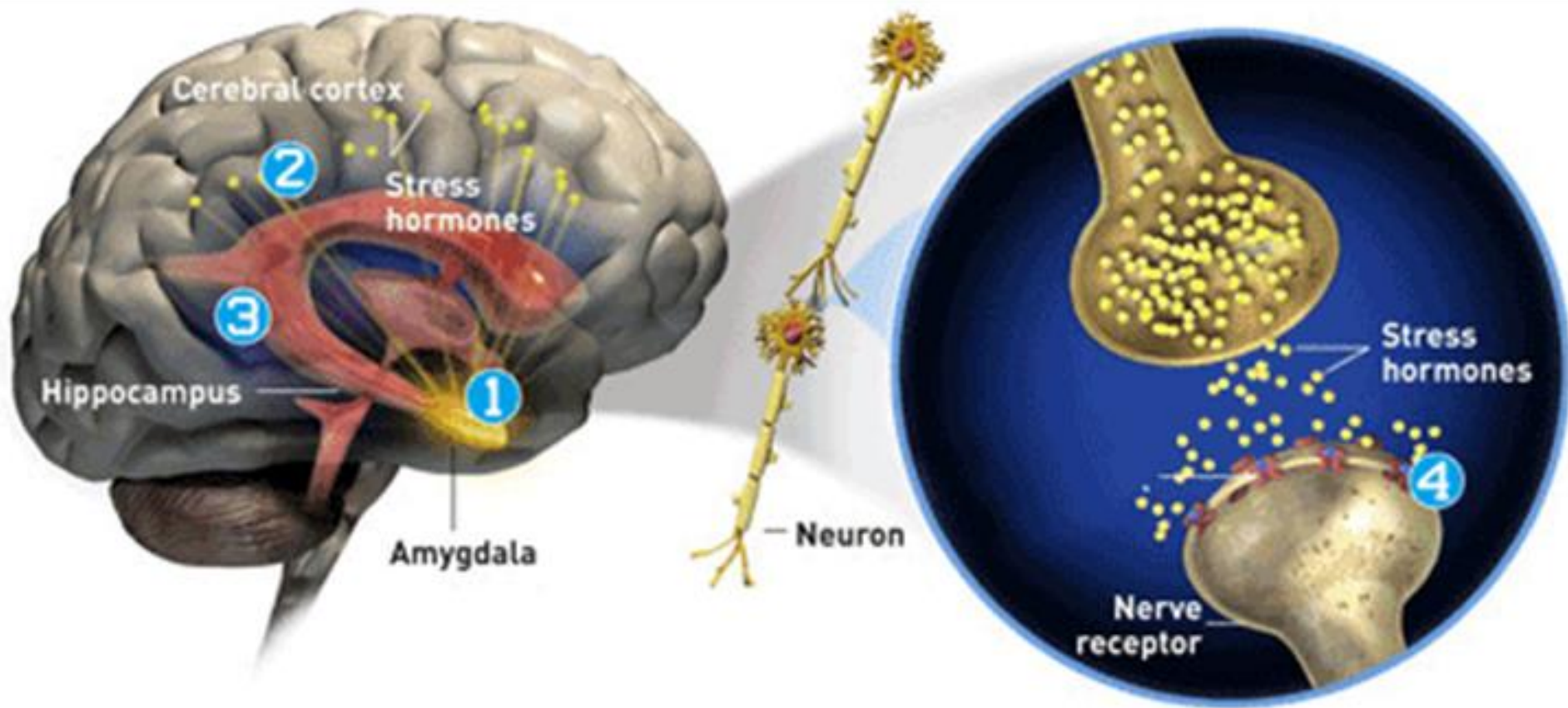
The Veteran View of Civilians



Who Are We Kidding?



Traumatic Stress and the Brain



High Prevalence of Prior Child Maltreatment

Studies of Army soldiers:

Rosen & Martin, 1996:

- 17% of males and 51% of females reported childhood sexual abuse
- 50% of males and 48% of females reported physical abuse
- 11% of males and 34% of females experienced both

Seifert et al., 2011 (combined males and females):

- 46% reported childhood physical abuse
- 25% reported both physical and sexual abuse
- Soldiers with both reported more severe PTSD symptoms and more problem drinking

Prior Child Maltreatment Increases Military PTSD

- Two or more adverse childhood experiences (ACEs) are associated with increased risk of PTSD, beyond combat exposure (Cabrera et al., 2007)
- Veterans with PTSD are more likely to have been physically abused as children than those without PTSD (Bremner et al., 1993; Zaidi and Foy, 1994)
 - Physical abuse as a child also associated with greater severity of PTSD (Zaidi and Foy, 1994)
- Childhood physical abuse and combat-related trauma *both* increase later anxiety, depression, and PTSD (Fritch et al., 2010)

Pre-military Trauma in Women



- Female service members and veterans report more premilitary trauma than servicemen and female civilians
- More than half of female veterans experienced premilitary physical or sexual abuse
- 1/3 of female veterans report a history of childhood sexual abuse, compared to 17-22% of civilian women
- 1/3 of female veterans report a history of adult sexual assault, compared to 13-22% of civilian women

Military Sexual Trauma

- Military Sexual Trauma is sexual assault or sexual harassment that is threatening
- Among active duty personnel:
 - 3% of women and 1% of men reported attempted or completed sexual assault in the previous year
 - 54% of women and 23% of men reported sexual harassment in the previous year (DOD, 2002)
- Among veterans using VA health care:
 - 23% of women reported being sexually assaulted while in the military
 - 55% of women and 38% of men reported sexual harassment (VA, 2009)

Military Sexual Trauma

- 37% of women reporting MST had been raped at least twice during military service (Sadler et al., 2003)
- Female veterans experience sexual assaults (30%), physical assaults (35%), or both (16%) (Sadler et al., 2000)
- 80% of sexual assaults in the military go unreported (Department of Defense studies quoted by Whitley in testimony before Congress, 2010)
- Female veterans with MST are more likely to develop PTSD than those who have experienced other traumas (60% vs. 43%) (Yaeger et al., 2006)

Civilian and Military Trauma Make Each Other Worse



Co-Occurrence of PTSD and Substance Abuse

Co-occurring disorders are the rule rather than the exception.

(SAMHSA, 2002)



Figure 1

COMORBID DISORDERS ARE THE RULE, RATHER THAN THE EXCEPTION FOR PTSD

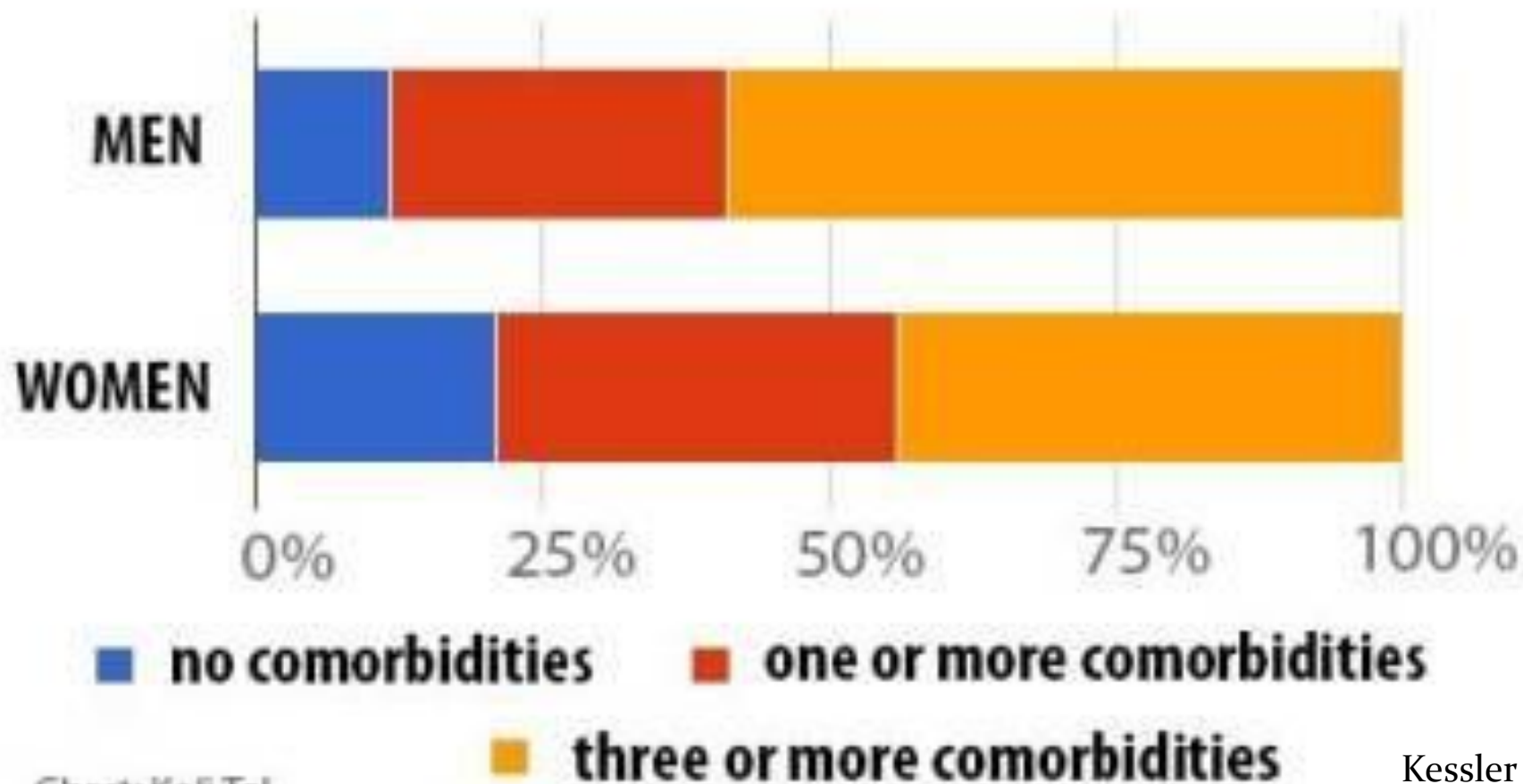


Chart: Kali Tal

Kessler et al.,
1995

Combat Stress and PTSD

Multiple and Repeated Types of Trauma in the Military



- Combat and war-zone trauma
- Traumatic grief/loss
- Military sexual trauma
- Accidents
- Among veterans presenting to a VA PTSD clinic (Jakob et al., 2017):
 - The mean number of traumas was 6.9
 - 76% had more than 4

Trauma Exposure among OEF/OIF Veterans

- 50% had a friend seriously wounded or killed
- 45% saw dead or seriously wounded civilians
- 10% required hospitalization for injury



Tanelian & Jaycox,
RAND, 2008

Trauma and PTSD



- Not all trauma leads to PTSD
- Depending on the study, the type of trauma, and the group studied, 3%-58% get PTSD

Military and Combat Reinforcement of PTSD Symptoms

These are all
adaptive in a
war zone and,
in some cases,
trained:

- Reactivity to reminders
- Avoidance of felt danger
- Distrust of outsiders
- Negative expectations of world
- Anger
- Aggressive behavior
- Numbness
- Hypervigilance
- Startle responses
- Risk-taking
- Insomnia




The Effects of Combat

- Regardless of whether a veteran develops PTSD or not, the experience of combat is *transformative*
- “I came back a different person”
- “I want my son back”



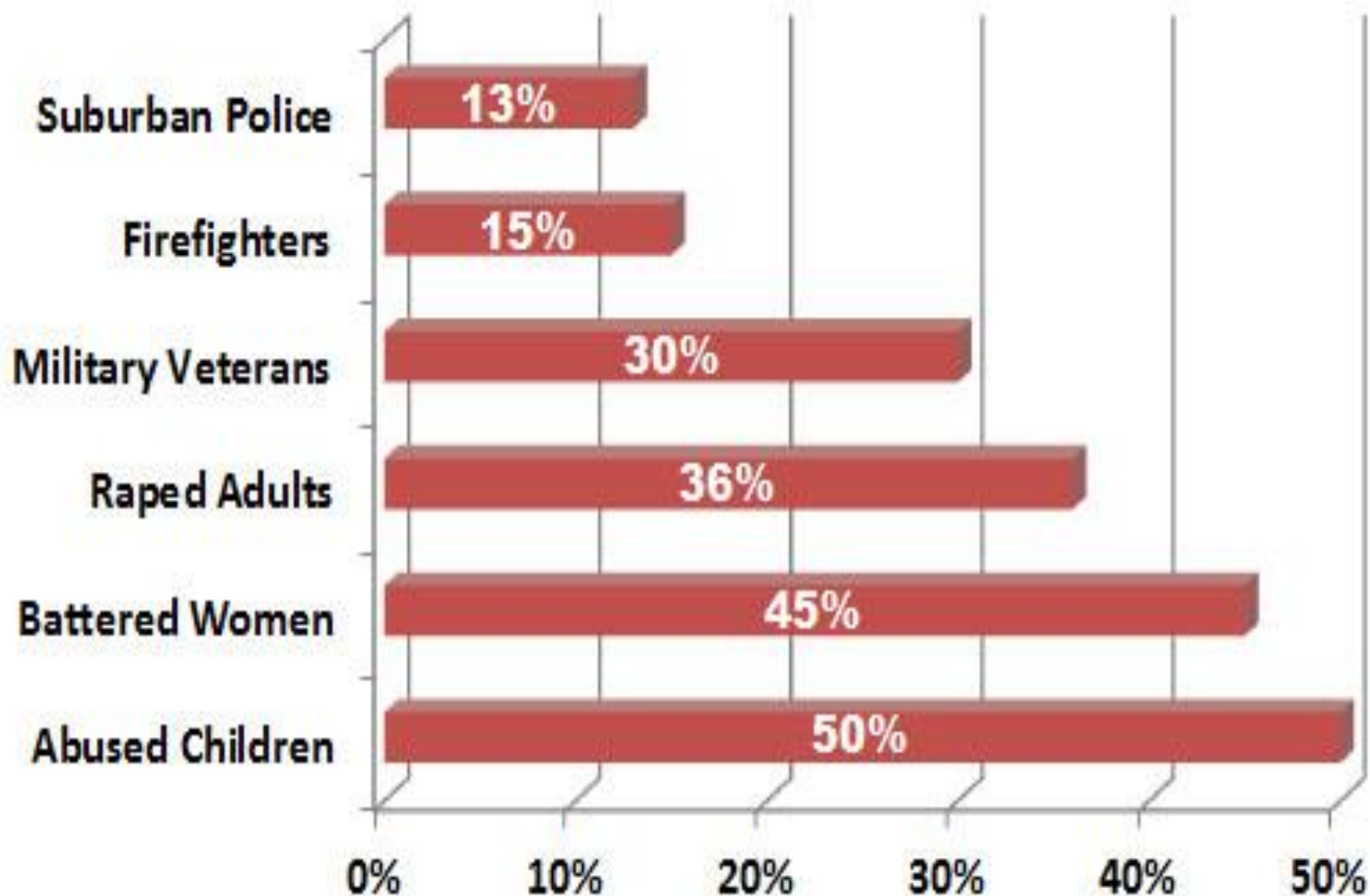
The Invisible Traumatic Aftereffects of Combat



| |
|-----------------------|
| PTSD |
| TBI |
| Traumatic grief |
| Survivor guilt |
| The impact of killing |
| Moral injury |
| |
| |
| |
| |

All of these prevent PTSD from healing

PTSD Occurrence



Combat Exposure and PTSD

- Combat exposure increases PTSD (Kulka et al., 1990; Prigerson et al., 2002)
- High war zone stress associated with greater levels of PTSD, both current and lifetime, than low and moderate war zone stress in Vietnam era veterans (Jordan et al., NVVRS, 1991)
- Up to 58% of soldiers in heavy combat
- Combat and sexual trauma result in more PTSD in veterans (Jakob et al., 2017)
 - Sexual trauma results in more *severe* PTSD
- 50-75% of POWs and torture victims

The Problem of Repeated Deployments

- The Persian Gulf war was the longest war in American history, with the most repeated deployments
- Repeated deployments wear down resiliency
- 36% of servicemen and women were deployed twice or more (Department of Defense, 2008)
- More than 400,000 servicemen and women were deployed at least 3 times (Rosenbloom, 2013)
- 50,000 servicemen and women had at least four deployments (Army Secretary John McHugh, testifying before Congress, 3/21/12)

Repeated Deployments Increase PTSD

- Mental health problems increase with repeated deployments: 14.3% of those with one deployment, 21.8% of those with two, and 32.5% of those with three or four (Mental Health Advisory Team-VII, 2011)
- Army soldiers deployed twice have 1.6 times greater chance of developing PTSD than those deployed once (Reger et al., 2009)
- Active duty military with PTSD may be sent back into combat
- Shorter dwell times increase risk of PTSD (MacGregor et al., 2012)

Problems after Multiple Deployments

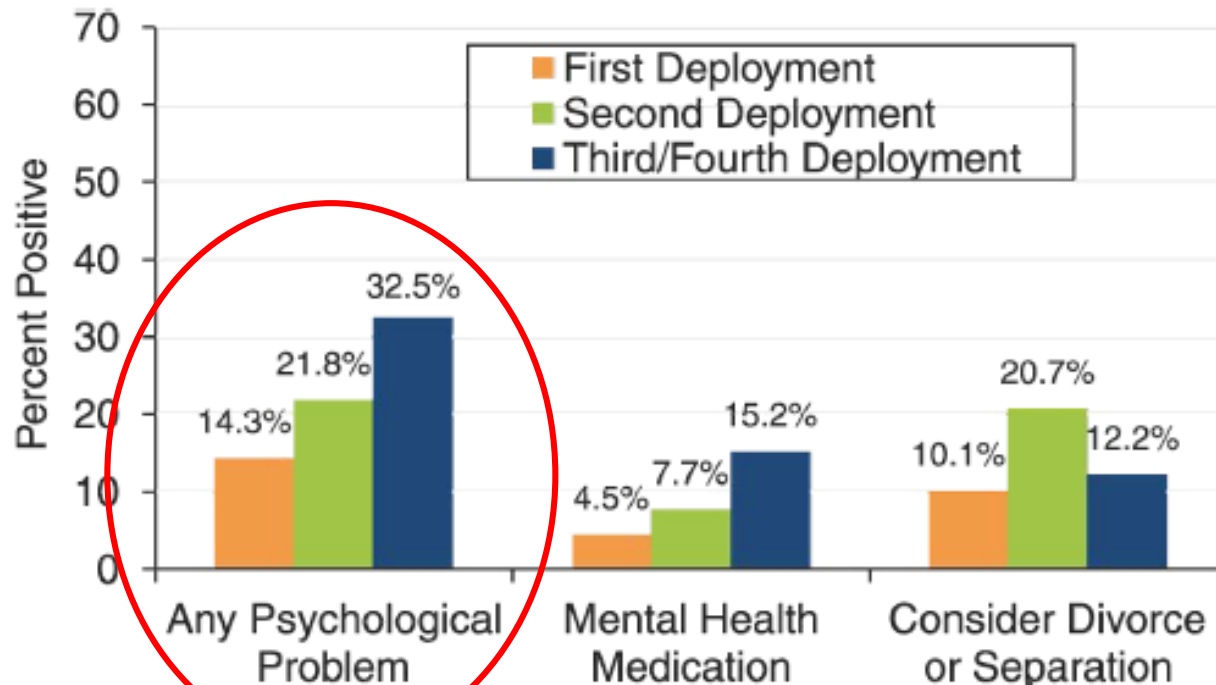


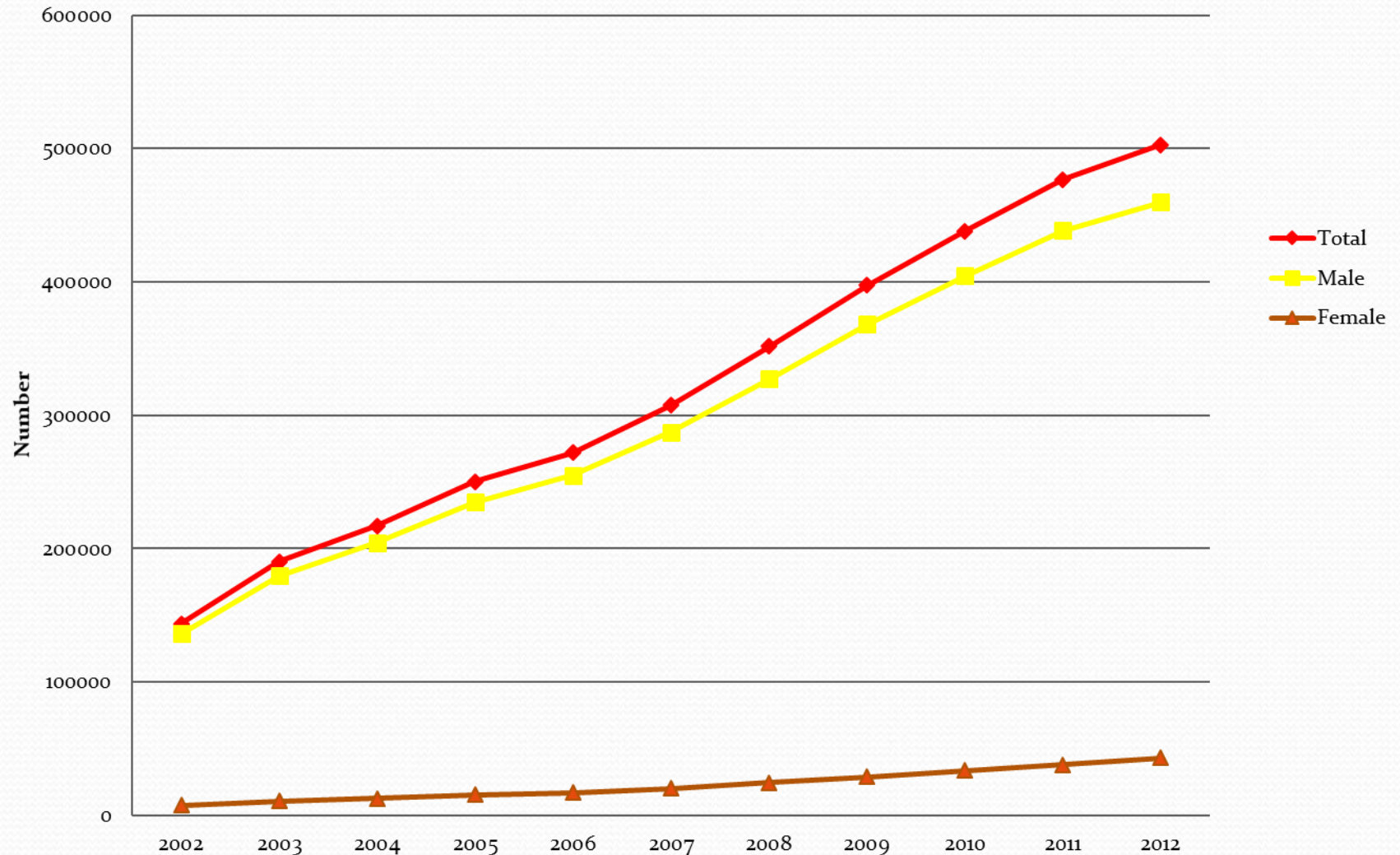
FIGURE 4.5 Number of deployments and selected outcomes.
SOURCE: MHAT-VII, 2011.

Military Trauma in Women

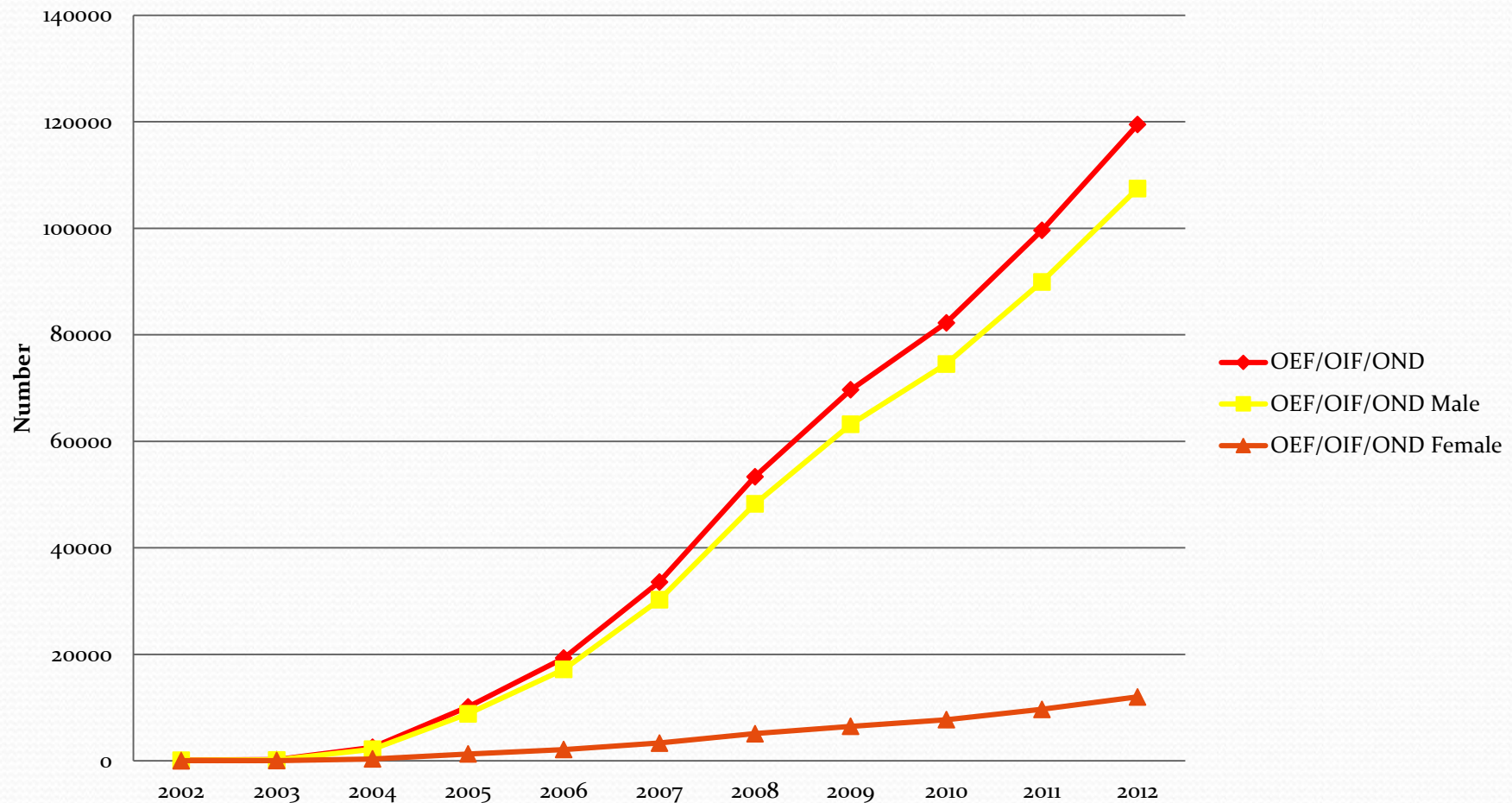


- 2/3 of female OIF veterans report at least one combat experience (Milliken et al., 2007)
- 38% of OIF servicewomen are in firefights, and 7% report shooting at an enemy (Hoge et al., 2007)
- OIF servicewomen handle human remains more often than servicemen: 38% vs. 29% (Hoge et al., 2007)
- 21% of female veterans of Iraq and Afghanistan have been diagnosed with PTSD (VA, 2010)

Increasing Numbers of Veterans with PTSD in the VHA



Increasing OEF/OIF/OND Veterans in VHA with PTSD Diagnosis 2002-2012



Not All Wars Are the Same

- Length of war
- Number of deployments
- Who deploys together
- Symmetric vs. asymmetric warfare
- National view of war's morality
- Who won?
- Length of time spent returning
- Reception upon return

History teaches us that
in asymmetric warfare
the most heavily
armed do not always
win.

QUOTEHD.COM

Ignacio Ramonet

Variable Rates of PTSD in Different Conflicts



- Vietnam veterans: lifetime prevalence 30.9% for males and 26.9% for females (NVVRS, Kulka, Schlenger, et al., 1990)
 - This is equivalent to more than 1 million veterans
 - Current combat prevalence is 6.3% and all-cause prevalence is 12.2% (Marmar et al., 2015)
- First Gulf War veterans: 10.1% (Kang, Natelson, et al., 2003)
 - This is equivalent to 75,000 veterans

Variable Rates of PTSD in Different Conflicts

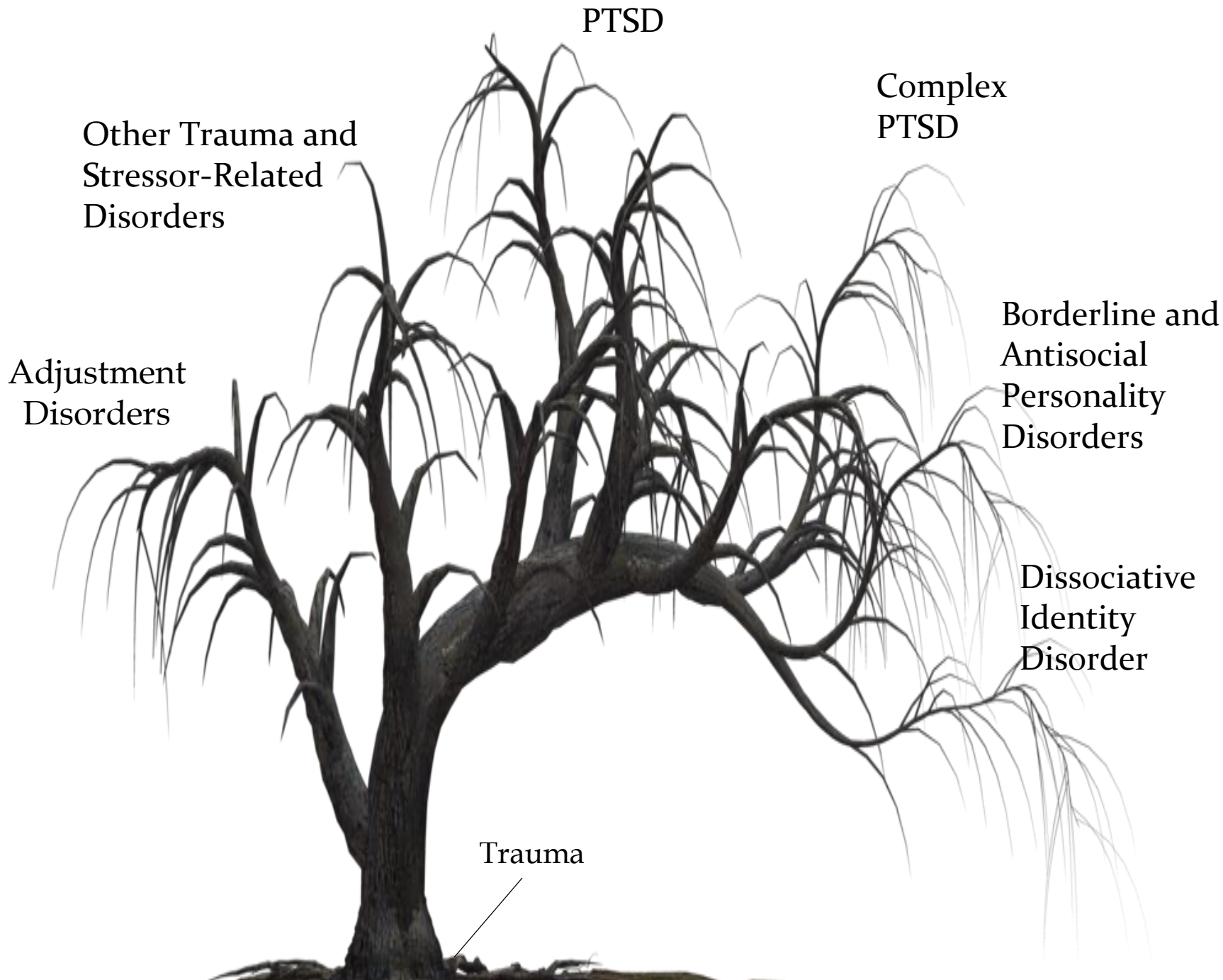
- OEF/OIF/OND veterans after 9/11/01: 13.8-21.8% (Seal, Metzler, et al., 2009; Tanielian & Jaycox, 2008)
 - 32.3% of OEF/OIF/OND veterans treated in VHA have PTSD (VHA, 2017)
 - This is equivalent to 393,000 veterans
 - But 38% of younger veterans do not receive medical and mental health services from the VHA, so the actual number is greater
 - Future estimates as high as 35% lifetime prevalence (Atkinson, Guetz, & Wein, 2009)
 - This would be equivalent to 735,000 veterans

Frequency of Mental Disorders among OEF/OIF/OND Veterans Seen at VAMCs since 2002

| Disease Category (ICD code) | Total Number of OEF/OIF/OND Veterans* |
|---|---------------------------------------|
| PTSD (ICD-9CM 309.81) | 393,139 (32.3%/55.5%) |
| Depressive Disorders (311) | 321,365 |
| Neurotic Disorders (300) | 309,232 |
| Affective Psychoses (296) | 202,705 |
| Alcohol Dependence Syndrome (303) | 92,197 |
| Non-Dependent Abuse of Drugs (ICD 305.2-9) | 72,677 |
| Drug Dependence (304) | 54,269 |
| Specific Nonpsychotic Mental Disorder due to Organic Brain Damage (310) | 37,970 |

N = 708, 062, or 58.1%

*Not including PTSD from VA's Vet Centers or data from Veterans not enrolled for VA health care
Cumulative from 1st Quarter FY 2002 through 3rd Quarter FY 2015 (VA, 2017)



PTSD

Complex
PTSD

Other Trauma and
Stressor-Related
Disorders

Adjustment
Disorders

Borderline and
Antisocial
Personality
Disorders

Dissociative
Identity
Disorder

Trauma

Clinical Assessment of PTSD

Starting off on the Right Foot



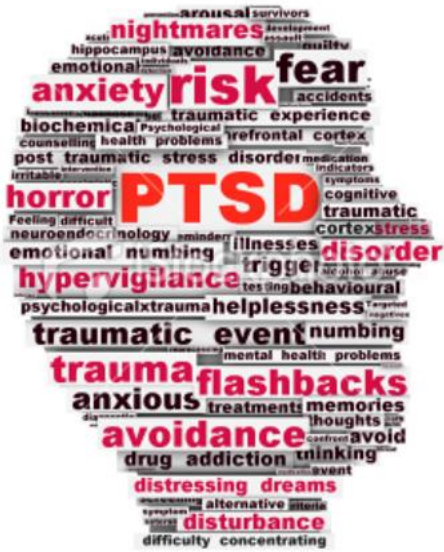
- You have seven seconds to make a first impression
 - 93% of it is nonverbal
- Walk a half-step in front of the Veteran
- Go into your office first
- Place your desk against the wall
- Keep your hands where they can be seen
- Leave the Veteran an exit

Seven Questions to Ask at the Start to Assess PTSD in Veterans

1. Were you ever in combat or a war zone?
2. How many times were you deployed and where?
3. What was your MOS?
4. As a child, were you ever harmed or touched in a way you found uncomfortable?

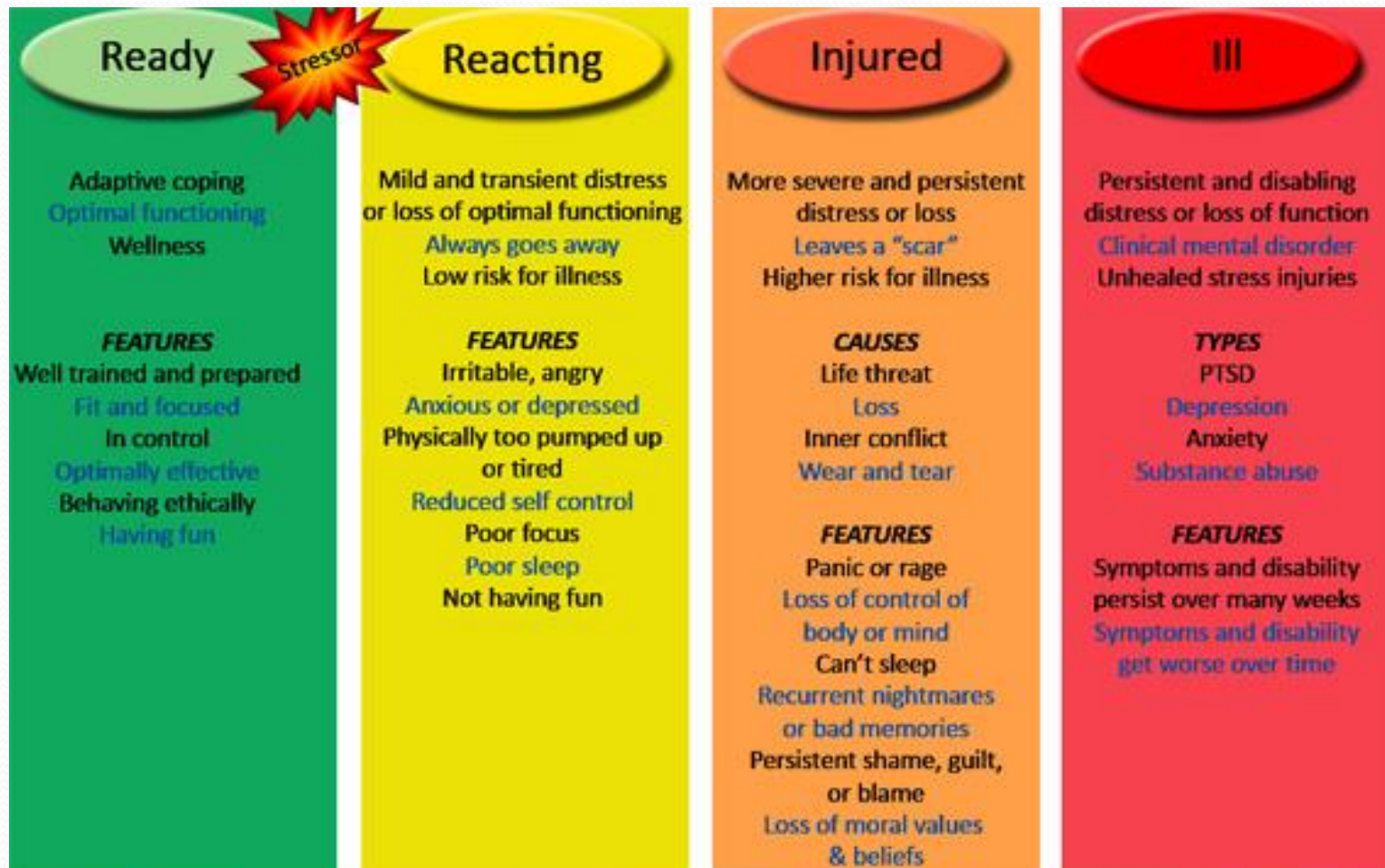


Seven Questions to Ask at the Start to Assess PTSD in Veterans



5. Are you thinking about or feeling like harming yourself or someone else?
6. Do you drink alcohol, use illegal substances, or use prescription medication other than the way it is prescribed?
7. Do you ever lose track of time, have periods where you don't know what happened, or have gaps in your memory?

Post-Traumatic Responses Occur on a Continuum



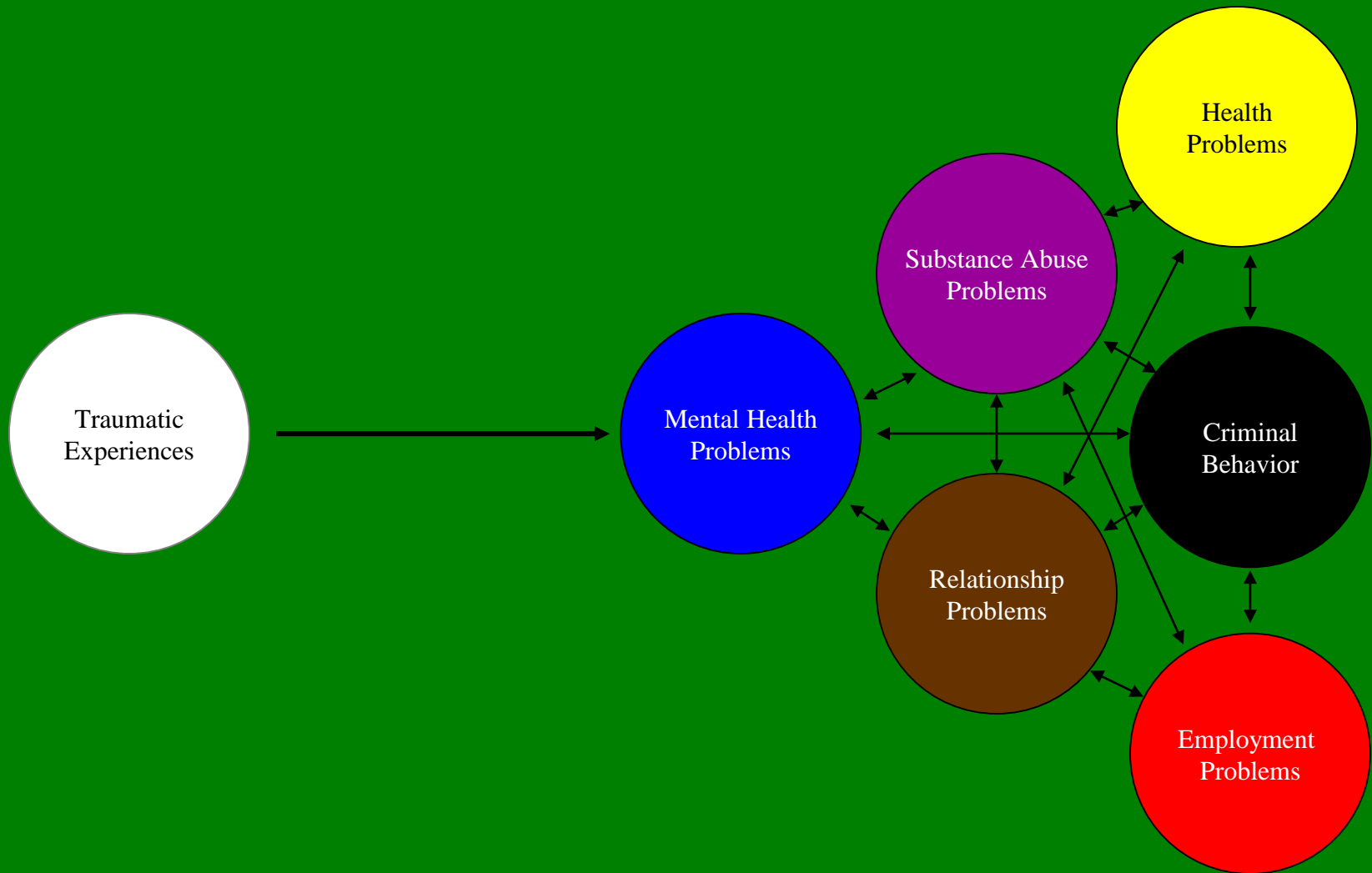
Post-Traumatic Stress Disorder in DSM 5

PTSD is characterized by:

- Exposure to a severe life-threatening event
- Repetitive re-experiencing of the event
- Avoidance of stimuli associated with trauma
- Negative moods and cognitions
- Increased arousal



The Catalyzing Effects of Trauma



PTSD Assessment Instruments



**Do not use brief PTSD screens.
They significantly overestimate
the likelihood of PTSD.**

The Life Events Checklist 5

Instructions: Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it happened to you personally; (b) you witnessed it happen to someone else; (c) you learned about it happening to a close family member or close friend; (d) you were exposed to it as part of your job (for example, paramedic, police, military, or other first responder); (e) you're not sure if it fits; or (f) it doesn't apply to you.

Be sure to consider your entire life (growing up as well as adulthood) as you go through the list of events.

| Event | Happened to me | Witnessed it | Learned about it | Part of my job | Not sure | Doesn't apply |
|--|----------------|--------------|------------------|----------------|----------|---------------|
| 1. Natural disaster (for example, flood, hurricane, tornado, earthquake) | | | | | | |
| 2. Fire or explosion | | | | | | |
| 3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash) | | | | | | |
| 4. Serious accident at work, home, or during recreational activity | | | | | | |
| 5. Exposure to toxic substance (for example, dangerous chemicals, radiation) | | | | | | |
| 6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up) | | | | | | |
| 7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb) | | | | | | |
| 8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm) | | | | | | |
| 9. Other unwanted or uncomfortable sexual experience | | | | | | |
| 10. Combat or exposure to a war-zone (in the military or as a civilian) | | | | | | |
| 11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war) | | | | | | |
| 12. Life-threatening illness or injury | | | | | | |
| 13. Severe human suffering | | | | | | |
| 14. Sudden violent death (for example, homicide, suicide) | | | | | | |
| 15. Sudden accidental death | | | | | | |
| 16. Serious injury, harm, or death you caused to someone else | | | | | | |
| 17. Any other very stressful event or experience | | | | | | |

- Self-report measure
- 17 categories of traumatic events
 - Happened to me
 - Witnessed it
 - Learned about it
 - Part of my job
 - Not sure
 - Doesn't apply

The LEC 5

- The LEC 5 measures trauma load
 - How many different kinds of trauma have they experienced?
- Does not compare impact of different traumas (e.g., physical assault vs. sexual abuse)



ACEs = ADVERSE CHILDHOOD EXPERIENCES

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Divorce



Incarcerated Relative



Substance Abuse

Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often**...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often or very often**...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes No If yes enter 1 _____
4. Did you **often or very often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often or very often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score.

The PTSD Checklist 5

PCL-5

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

| <i>In the past month, how much were you bothered by:</i> | <i>Not at all</i> | <i>A little bit</i> | <i>Moderately</i> | <i>Quite a bit</i> | <i>Extremely</i> |
|---|-------------------|---------------------|-------------------|--------------------|------------------|
| 1. Repeated, disturbing, and unwanted memories of the stressful experience? | 0 | 1 | 2 | 3 | 4 |
| 2. Repeated, disturbing dreams of the stressful experience? | 0 | 1 | 2 | 3 | 4 |
| 3. Suddenly feeling or acting as if the stressful experience were actually happening again (<i>as if you were actually back there reliving it</i>)? | 0 | 1 | 2 | 3 | 4 |
| 4. Feeling very upset when something reminded you of the stressful experience? | 0 | 1 | 2 | 3 | 4 |
| 5. Having strong physical reactions when something reminded you of the stressful experience (<i>for example, heart pounding, trouble breathing, sweating</i>)? | 0 | 1 | 2 | 3 | 4 |
| 6. Avoiding memories, thoughts, or feelings related to the stressful experience? | 0 | 1 | 2 | 3 | 4 |
| 7. Avoiding external reminders of the stressful experience (<i>for example, people, places, conversations, activities, objects, or situations</i>)? | 0 | 1 | 2 | 3 | 4 |
| 8. Trouble remembering important parts of the stressful experience? | 0 | 1 | 2 | 3 | 4 |
| 9. Having strong negative beliefs about yourself, other people, or the world (<i>for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous</i>)? | 0 | 1 | 2 | 3 | 4 |
| 10. Blaming yourself or someone else for the stressful experience or what happened after it? | 0 | 1 | 2 | 3 | 4 |
| 11. Having strong negative feelings such as fear, horror, anger, guilt, or shame? | 0 | 1 | 2 | 3 | 4 |
| 12. Loss of interest in activities that you used to enjoy? | 0 | 1 | 2 | 3 | 4 |
| 13. Feeling distant or cut off from other people? | 0 | 1 | 2 | 3 | 4 |
| 14. Trouble experiencing positive feelings (<i>for example, being unable to feel happiness or have loving feelings for people close to you</i>)? | 0 | 1 | 2 | 3 | 4 |
| 15. Irritable behavior, angry outbursts, or acting aggressively? | 0 | 1 | 2 | 3 | 4 |
| 16. Taking too many risks or doing things that could cause you harm? | 0 | 1 | 2 | 3 | 4 |
| 17. Being "superalert" or watchful or on guard? | 0 | 1 | 2 | 3 | 4 |
| 18. Feeling jumpy or easily startled? | 0 | 1 | 2 | 3 | 4 |
| 19. Having difficulty concentrating? | 0 | 1 | 2 | 3 | 4 |
| 20. Trouble falling or staying asleep? | 0 | 1 | 2 | 3 | 4 |

- 20 item self-report questionnaire, 1 per symptom
- Rates how much a person has been bothered by a symptom in the past month
- Scored 0-4
- Takes 10 minutes

The PCL 5

- Self-report measures are vulnerable to both minimization and inflation
- Suggested cutoff is 33
- It should *not* be used to make a diagnosis
 - Only a clinician can make a diagnosis
 - Both score information and clinical interview are needed to make a diagnosis
- May be helpful to quickly measure change over time

The Clinician-Assisted PTSD Scale 5

- Semi-structured interview
- Uses one index trauma
- 30 items
- CAPS 5 has 20 symptoms rated 0-4 in severity
 - Plus dissociation
 - Severity is a combination of frequency and intensity
- Scored by summing individual item severity scores

The Clinician-Assisted PTSD Scale 5

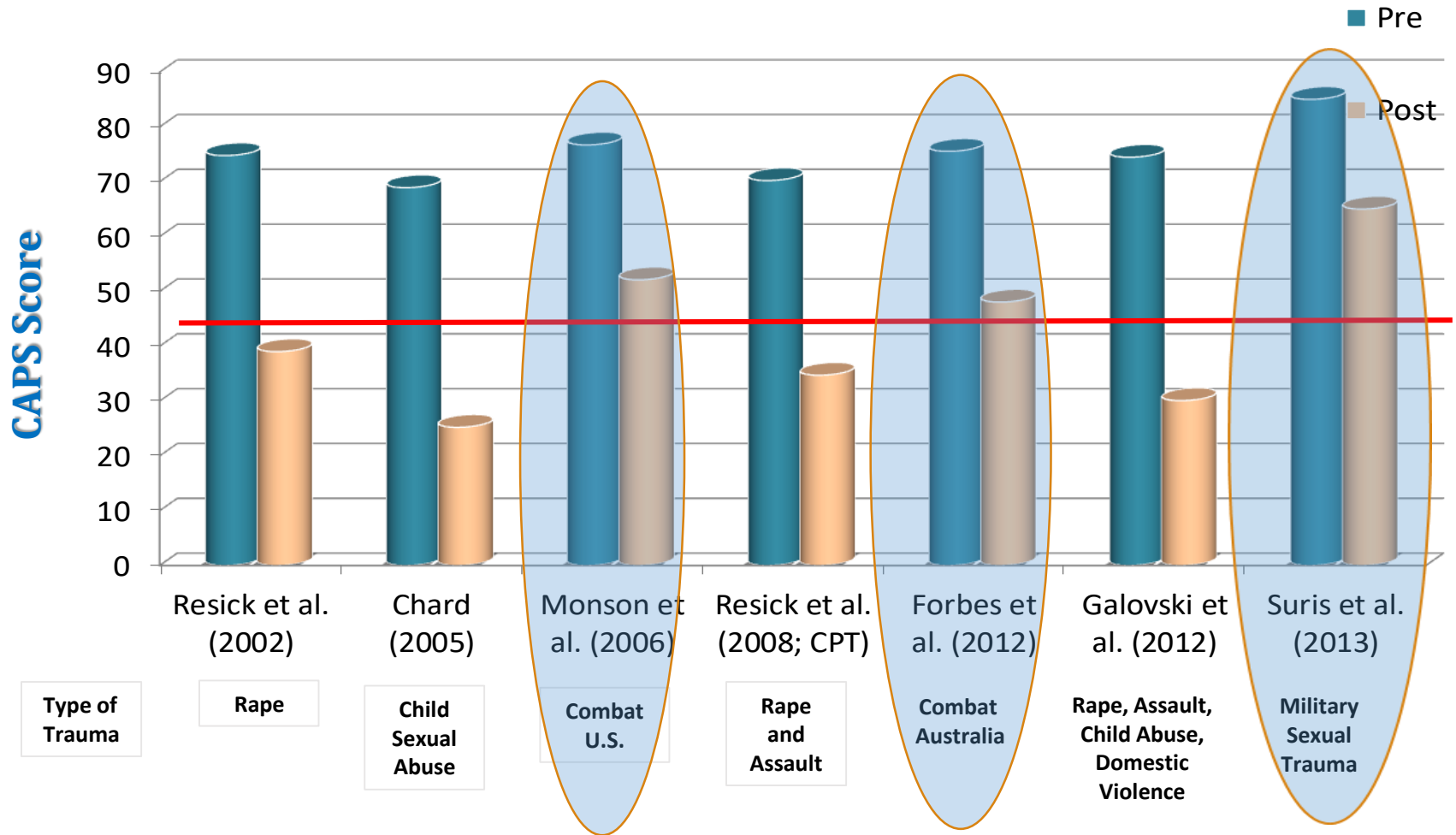
- Clinician administered
- Takes 45-60 minutes to administer
- Past week, past month, and worst month versions
 - Use past month for current diagnosis
- The CAPS is considered the “gold standard” of PTSD assessment



CAPS 5 Sample Item

- In the past month, have you had any unwanted memories of (EVENT) while you were awake, so not counting dreams?
- How does it happen that you start remembering (EVENT)?
- [If not clear:] (Are these unwanted memories, or are you thinking about [EVENT] on purpose?)
- How much do these memories bother you?
- Are you able to put them out of your mind and think about something else?
- How often have you had these memories in the past month?

Clinician-Assisted PTSD Scale Severity for Different Traumas



Treatment of PTSD in Veterans

The Treatment Alliance

- Develop military cultural competence
- The bottom line:
 - Respect
 - Caring
 - Competence
 - Communication
 - Be real



Treatment of PTSD: Medication

Medication for trauma symptom management and co-morbid disorders

- Antidepressants
- Mood stabilizers
- ~~Atypical antipsychotics~~ no longer
- Anticonvulsants
- Anxiolytics not benzodiazepines
- Sleep aids

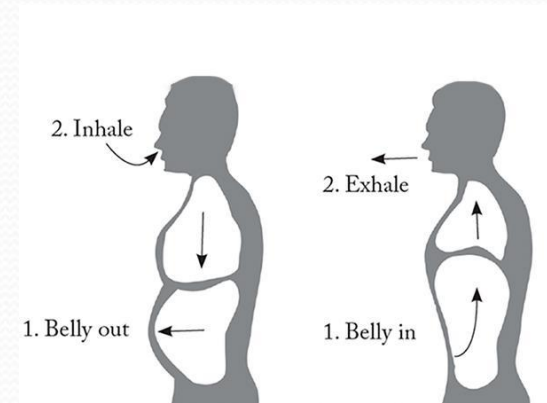
There is no medication that specifically treats PTSD; only Prozac, Paxil, and Prazosin have been approved

Provide Psychoeducation about PTSD

- What is PTSD?
 - NCPTSD materials on Understanding PTSD
- How traumatic stress affects the brain
- PTSD is a normal response to abnormal events
- Metaphor of PTSD as an injury
- Some aspects of PTSD are survival-based and therefore congruent with war zone service
 - Hypervigilance
 - Avoidance of external reminders
 - Numbness
 - Startle responses
 - Insomnia

Four Skills You Must Teach

- Mindful Breathing (or Diaphragmatic Breathing)
- Grounding
 - Particularly for people who dissociate
- Cognitive reappraisal
 - Is there a genuine threat to my safety right now?
- Self-talk
 - “I’ve been through worse than this.”
 - “I can handle this.”
 - “There is no real threat here.”
 - Sayings



Evidence-Based Treatments for PTSD

Cognitive
Processing
Therapy

Prolonged
Exposure

Eye Movement
Desensitization
and
Reprocessing

Cognitive Processing Therapy

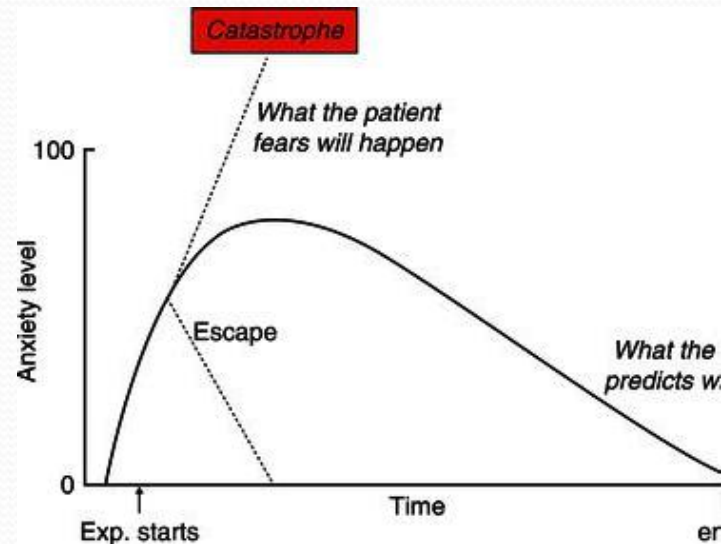
- A cognitive intervention to change the way a traumatized person thinks
- 12 weekly sessions delivered in a structured, manualized protocol
 - Number of sessions can be expanded
- May or may not include a trauma narrative
- Can be delivered individually and/or in groups
- Homework worksheets between sessions

Cognitive Processing Therapy

- Central techniques:
 - Identifies stuck points
 - Examines evidence for thoughts and beliefs
 - Challenges beliefs
- Changing the interpretation of the traumatic event changes the emotions resulting from the event
- CPT is an effective treatment for PTSD (Vickerman & Margolin, 2009; Ougrin, 2011; Jonas et al., 2013; Ehring et al., 2014)
- CPT successfully treats complex trauma (Resick et al., 2003; Galovski et al., 2013)

Prolonged Exposure

- A behavioral intervention that repeatedly exposes patients to distressing stimuli in order to decrease their anxiety in response to those stimuli
- 10 weekly sessions
- First part involves *in vivo* exposure to places that increase anxiety (e.g., public places)
- Uses an anxiety hierarchy



Prolonged Exposure

- Second part involves writing and dictating a trauma narrative focusing on one traumatic experience
 - The patient listens to the narrative over and over for an hour each day
 - Repeated and prolonged exposure decreases their anxiety
- Prolonged exposure is an effective treatment for PTSD (Vickerman & Margolin, 2009; Ougrin, 2011; Jonas et al., 2013; Ehring et al., 2014)

Eye Movement Desensitization and Reprocessing

- Patient focuses on distressing image
 - States a belief that goes with it
 - Notices feelings that go with it
 - Identifies body sensations that go with it
- Therapist passes fingers back and forth, guiding the eyes
- As this occurs, the images, thoughts, feelings, and body sensations change
- Adaptive information processing results

EMDR

- Auditory and tactile alternatives to eye movements using bilateral stimulation
- Additional exercises:
 - Safe Place
 - Resource-building
 - Lockbox
- EMDR works for PTSD and Complex PTSD (Davidson & Parker, 2001; Foa et al., 2009; Maxfield & Hyer, 2002; Seidler & Wagner, 2006)



Important note:

The general success rate for CPT, PE, and EMDR in treating PTSD are approximately 70%. In combat Veterans, the general success rate is 53%.



Promising Treatments: CBCT for PTSD

- Four studies of Conjoint Behavioral Couples Therapy for PTSD in Veterans from different eras (Monson et al., 2004; Monson et al., 2011; Monson et al., 2012; Schumm et al., 2013) show:
 - Decreased PTSD symptom severity
 - Decreased depression, anxiety, and anger
 - Increased relationship satisfaction
 - Improved well-being of partners

Promising Treatments: Mindfulness Meditation

- Mindfulness is focusing on the present moment without judging it
- Meditation exercises
 - Mindful breathing
 - Body scan
 - Thought diffusion
- Mindfulness shifts the brain into a state of calm
- Regular practice shifts the nervous system baseline

Promising Treatments: Mindfulness-Based Stress Reduction

- Combines mindfulness meditation and gentle yoga
- Eight 2.5 hour weekly group sessions
 - Sometimes includes a full-day meditation retreat
- Groups of up to 25 people
- MBSR reduces PTSD symptoms in Veterans (Kearney et al., 2012; Kluepfel et al, 2013)



Resources

Assessment Resources for PTSD

- ACE questionnaire
http://www.ncjfcj.org/sites/default/files/Finding_Your_ACE_Score.pdf
- Life Events Checklist 5
https://www.ptsd.va.gov/professional/assessment/documents/LEC-5_Standard_Self-report.pdf
- PCL 5
<https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>

Resources for PTSD

- *Handbook of PTSD, 2nd ed.* (2014), Matthew Friedman, Terence Keane, and Patricia Resick
- *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (2014), Bessel van der Kolk
- *The PTSD Workbook: Simple, Effective Techniques for Overcoming Traumatic Stress Symptoms, 2nd ed.* (2013), Mary Beth Williams and Soili Poijula

Resources for PTSD

- National Center for PTSD: www.ptsd.va.gov
- International Society for Traumatic Stress Studies: www.istss.org
- International Society for the Study of Trauma and Dissociation: www.isst-d.org
- PTSD 101 courses: www.ptsd.va.gov/professional/ptsd101/course-modules.asp

What It Is Like to Have Combat PTSD

- *What It Is Like to Go to War* (2012), Karl Marlantes
- *The Things They Carried* (2009), Tim O'Brien
- *On Killing: The Psychological Cost of Learning to Kill in War and Society* (2009), Dave Grossman
- *Achilles in Vietnam: Combat Trauma and the Undoing of Character* (1995), Jonathan Shay

Military Culture Courses

- http://www.ptsd.va.gov/professional/continuing_ed/military_culture.asp
- <http://www.deploymentpsych.org/military-culture>
- <http://www.essentiallearning.net/student/content/sections/Lectora/MilitaryCultureCompetence/index.html>
- <http://www.apa.org/about/gr/issues/military/military-culture.pdf>

Online Courses

- PTSD 101 courses:
www.ptsd.va.gov/professional/ptsd101/course-modules.asp
- [http://mghcme.org/courses/course-detail/from the war zone to the home front supporting the mental health of veteran](http://mghcme.org/courses/course-detail/from_the_war_zone_to_the_home_front_supporting_the_mental_health_of_veteran)

Veteran Resources for PTSD

- *Once a Warrior--Always a Warrior: Navigating the Transition from Combat to Home--Including Combat Stress, PTSD, and mTBI* by Charles Hoge
- *The PTSD Workbook: Simple, Effective Techniques for Overcoming Traumatic Stress Symptoms* by Mary Beth Williams and Soili Poijula
- *After the War Zone: A Practical Guide for Returning Troops and Their Families* by Matthew Friedman and Laurie Slone
 - Free podcast available at <https://itunes.apple.com/eg/podcast/returning-from-the-war-zone/id657517343>

Veteran Resources for PTSD

- Adjustment after deployment
 - www.afterdeployment.org
 - <http://maketheconnection.net>
- PTSD treatment can help:
www.ptsd.va.gov/apps/AboutFace



Online Veteran Resources

- Self-assessment Mental Health screening

<http://www.militarymentalhealth.org/>

- Veteran training

- Anger and Irritability Management Skills
- Moving Forward problem-solving skills
- Veteran Parenting
- Path to Better Sleep

<https://www.veterantraining.va.gov/index.asp>

- Wellness resources

<http://afterdeployment.t2.health.mil/>

Family Resources

- Helping family members get veterans into treatment: Coaching Into Care
<http://www.mirecc.va.gov/coaching/index.asp>
- *When Someone You Love Suffers from Posttraumatic Stress: What to Expect and What You Can Do* by Claudia Zayfert and Jason Deviva
- *Finding My Way: A Teen's Guide to Living with a Parent Who Has Experienced Trauma* (2005), Michelle Sherman and DeAnne Sherma
- <http://www.ptsd.va.gov/public/pages/fslist-family-relationships.asp>

Prolonged Exposure

- *Prolonged Exposure Therapy for PTSD: Emotional Processing of Traumatic Experiences Therapist Guide* (2007), Edna Foa, Elizabeth Hembree and Barbara Olaslov Rothbaum
- *Reclaiming Your Life from a Traumatic Experience: A Prolonged Exposure Treatment Program Workbook* (2007), Barbara Rothbaum, Edna Foa and Elizabeth Hembree
- Online courses:
<http://www.deploymentpsych.org/online-courses/pe>

Cognitive Processing Therapy

- *Cognitive Processing Therapy for PTSD: A Comprehensive Manual* (2016), Patricia Resick, Candice Monson, and Kathleen Chard
- Online courses:

<https://cpt.musc.edu>

<http://www.deploymentpsych.org/online-courses/cpt>



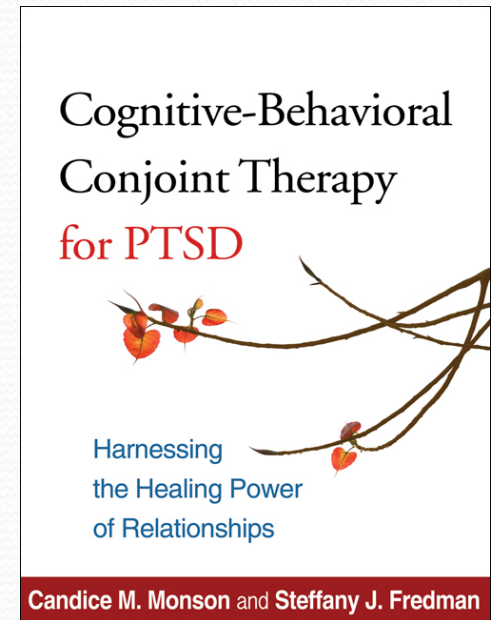
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DEPLOYMENT PSYCHOLOGY

EMDR

- *Eye Movement Desensitization and Reprocessing (EMDR): Basic Principles, Protocols, and Procedures, 2nd Ed.* (2001), Francine Shapiro
- *Light in the Heart of Darkness: EMDR and the Treatment of War and Terrorism Survivors* (2001), Steven Silver & Susan Rogers
- *Getting Past Your Past: Take Control of Your Life with Self-Help Techniques from EMDR Therapy* (2013), Francine Shapiro
- www.emdr.com
- www.emdria.org
- www.emdrhap.org

Cognitive-Behavioral Conjoint Therapy for PTSD

- *Cognitive-Behavioral Conjoint Therapy for PTSD: Harnessing the Healing Power of Relationships* (2012), Candice Monson and Steffany Fredman
- https://www.ptsd.va.gov/professional/continuing_ed/cognitive_behavioral_conjoint_tx.asp
- <https://www.coupletherapyforptsd.com/therapy/>



Mindfulness

- *Mindfulness for Beginners: Reclaiming the Present Moment - and Your Life (Book and CD)*(2011), Jon Kabat-Zinn
- *Guided Mindfulness Meditation Series 1 (CD)* (2005), Jon Kabat-Zinn
- Mindfulness-Based Stress Reduction:
www.umassmed.edu/cfm/stress/index.aspx?id=41252
- www.fammed.wisc.edu/mindfulness
- www.marc.ucla.edu

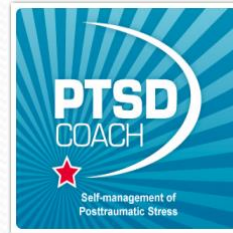
Mindfulness

- *The Mindfulness Solution: Everyday Practices for Everyday Problems* (2009), Ron Siegel
- *A Mindfulness-Based Stress Reduction Workbook* (2010), Bob Stahl, Elisha Goldstein, Saki Santorelli and Jon Kabat-Zinn
- *Mindfulness-Based Cognitive Therapy for Depression* (2012) Zindel V. Segal, J. Mark G. Williams, John D. Teasdale and Jon Kabat-Zinn

Self-Help Mobile Applications

<http://www.t2health.org/mobile-apps>

- PTSD Coach
- PTSD Family Coach
- Breathe 2 Relax
- Tactical Breather
- LifeArmor (includes family section)



Mobile Applications That Assist Psychotherapy

- PE Coach



- CPT Coach



- CBT-I Coach



- Mindfulness Coach



Self-Help Mobile Applications

- Positive Activity Jackpot



<http://www.militarymentalhealth.org/articles/media/>

- Virtual Hope Box
- Provider Resilience
- More to come!



THANK YOU



VETERANS



Poltergeist!



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